	$oldsymbol{V}$.
PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
County of Managear	BUREAU OF VITAL STATISTICS. State Index N
District of	ORIGINAL CERTIFICATE OF BIRTH. Co. Register No.24
Town of	Local Registrar's No
City of	(No hours formalising
BULL NAME OF CHILD THE	Ida Virgini Conglin 5 Born YES
A O D D THINK OF THE PARTITION	tal Report on blank obtainable from local registrar.
Sex of Twin, Triplet or other	and Number in order mate? Date of Date Date
Fuil FATHER Name	Full Mother Mother Rame Parks
Rosidence & Waller	asignal Waller Can
	at last 3.3 Color A Age at last 2.2
or Race While	(Years) or Race While Birthday (Years)
Birthplace Q Eigon	Birthplace
Occupation Frances	Occupation & wife
Number of child of this mother 2.22 Number of chil	dren, of this mother, now living 200 Were precautions taken against Ophthalmia neonatorum? 200
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
	birth of above child; and that it occurred the 1914, at CAM.
*When there is no attending phys lian or midwife, then the household should make this return.	(Signature) (Attending physician .midwife, hoogeholder.)
Given or christian name added fro	ma Para Para
supplemental report191	
- Supplemental report	Filed Feb. 28 ₁₉ Local Registrar.
C634-220-799	Filed 3 11 191 H True too F In County Registrar.
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